

COMBINED DECLARATION (Includes Reference to PCT International			APPLICATION AND	POV	WER OF ATTO	RNEYO	PE	ATTORNEY'S DOCKET NUMBER 07083.0008U5
As below name	d inventor.	I herel	by declare that:			APR 1	6 2002	r 98V
My residence, post offic	My residence, post office address and citizenship are as stated below next to my name.							r. Kari
I believe I am the origin plural names are listed be entitled:								
SUPE	RFICIAL ZO	ONE PI	ROTEIN AND METH	ODS	S OF MAKING A	ND USING	SAMI	3
the specification of which	h (check on	ıly one	item below):					
[ ] is attached hereto.								
[ x ]was filed as United on (if applicable)	States appli	ication	Serial No. <u>10/038,694</u>	on <u>3</u>	31 December 200	1 and was a	mended	l .
[ ] was filed as PCT into	ernational ap	pplicati	ion Number	o	on			
and was amended u	ınder PCT A	Article	19 on		(if applic	able).		
I hereby state that I have as amended by any ame				f the	above-identified	specificatio	n, inclu	ding the claims,
Regulations, §1.56 and	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign p applications(s) for paten country other than the U patent or inventor's certi on which priority is claim	t or invento nited States ficate or any	r's certi	ificate or 365(a) of any nerica listed below and	PC have	T international ap e also identified b	plication(s) elow any fo	designa oreign a	ating at least one pplication(s) for
PRIOR FOREIGN/PCT APPL				LAI				
COUNTRY APPLICA (if PCT indicate PCT)		LICA	TION NUMBER	ATTECATION DATE		PRIORITY CLAIMED		
1.								
2. 3.	_			1				
I hereby claim the benefit under	l Title 35 Un	ited Sta	ates Code 8119(e) of a	nv U	Inited States prov	isional appl	ication(	s) listed below:
Application No.					iM/DD/YYYY)			,
1. 60/258,920					9/2000			
2.								
3.							L	
I hereby claim the benefit under Title 35 the United States of America that is/are I application(s) in the manner provided by in Title 37, Code of Federal Regulations date of this application:	isted below and the first parag	d, insofa	r as the subject matter of ea Title 35, United States Code	ch of , §112	the claims of this app 2, I acknowledge the	lication is not duty to disclos	disclosed se materia	in that/those prior I information as defined
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:								
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONA U.S. APPLICATION NUMBER			. APPLICATIONS DESIG U.S. FILING DATE	NAT	ING THE U.S. FOR PATENTED	BENEFIT U		ABANDONED
O.S. ALLECATION NOMBER			J.S. FILING DATE		TATERIED	LINDIN	-	
PCT APPLICATIO	NS DESIGN	NATIN	IG THE U.S.					
PCT APPLICATION NO. PC	T FILING DA	TE	U.S.FILING NUMBERS ASSIGNED (if any)					



## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET No. 07083.0008U5

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Customer Nos.: 23347 And 23859

PATENT TRADEMARK OFFICE

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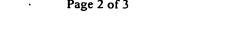
Send Correspondence to: Tina Williams McKeon, Reg. No. 43,791

Needle & Rosenberg, P.C., Suite 1200, The Candler Building 127 Peachtree St., N.E., Atlanta, GA 30303-1811

Direct Telephone Calls to: Tina McKeon PHONE NO.: 404-688-0770

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	mereon.			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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203	SIGNATURE		20 mers drove	
				DATE:
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	SCHUMACHER	Barbara	L.
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	ADDRESS	2418 Caminito Ocean Cove	Cardiff by the Sea	CA 92007 US
204	SIGNATURE			DATE:
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
ì	OF INVENTOR	SU	Jui-Lan	
		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &			
0	CITIZENSHIP	Durham	l NC	US
0 5	CITIZENSHIP	Durham POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	CITIZENSHIP POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY .
•	CITIZENSHIP	POST OFFICE ADDRESS GlaxoSmithKline	1	
-	CITIZENSHIP POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box	CITY	STATE & ZIP CODE/COUNTRY .
5	CITIZENSHIP POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY .
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•	Tina McKeon			
	PHONE NO.: 404-688-0770			

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	thereon.		, <b>,-</b>	,
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2	OF INVENTOR	HUTCHINS	Jeff	T
•0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP US
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1	POST OFFICE ADDRESS	1120 Quail Run Lane	Cumming	GA 30041US
201	SIGNATURE	1120 Quan Run Dane	Cuming	
201	SIGNATURE			DATE:
	511.1.314.34	FAMILY NAME		SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	KUETTNER	FIRST GIVEN NAME Klaus	E.
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	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	445 W. Briar Place	Chicago	IL 60657 US
202	SIGNATURE	L		· · · · · · · · · · · · · · · · · · ·
202	SIGNATORS	Mar Ster		DATE: 3-20.2012
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	SCHMID	Thomas	M.
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3	POST OFFICE	POST OFFICE	СПУ	STATE & ZIP CODE/COUNTRY
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203	SIGNATURE	1 1 C 131	1	DATE:
		Thomas M. Schiel	/	SECOND GIVEN NAME/INITIAL
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
	OF INVENTOR	SCHUMACHER	Barbara	L.
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	CITIZENSHIP	Cardiff by the Sea	CA	US STATE & ZIP CODE/COUNTRY
4	POST OFFICE ADDRESS	2418 Caminito Ocean Cove	Cardiff by the Sea	CA 92007 US
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2	FULL NAME	FAMILY NAME SU	FIRST GIVEN NAME Jui-Lan	SECOND GIVEN NAME/INITIAL
	OF INVENTOR RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
		13398		
205	SIGNATURE			DATE:
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And 23859



PATENT TRADEMARK OFFICE



23859
PATENT TRADEMARK OFFICE

·	. <b>1</b>
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	Tina McKeon
•	•
•	PHONE NO.:
	404-688-0770

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	ADDRESS	2418 Caminito Ocean Cove	Cardiff by the Sea	CA 92007 US
204	SIGNATURE	Barbara 2. Achem	DATE: 3/15/2002	
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1	OLON A STATE	13370	L	
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1	ADDRESS	Glax SmithKline .	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO B x		
	<u> </u>	13398 ·		
206	SIGNATURE			DATE:
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